PTO/SB/17 (10-07)

Under the Paperv	ork Reduction	Act of 1995	no persons are rec	quired to r	U.S. Paten espond to a collection	t and Trade	emark Office:	U.S. DE	PARTMENT OF COMMERCE s a valid OMB control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008					Complete if Known					
					Application Number 10/764			311		
					Filing Date	Filing Date JANUARY 23, 2004			04	
					First Named In	ventor [LUBATSCHOWSKI ET AL.			
IZI Anniharat alaima annilla dia atta da anni					Examiner Nam	e I	FARAH, A. M.			
Applicant claims small entity status. See 37 CFR 1.27					Art Unit		3735			
TOTAL AMOUN	T OF PAYMI	ENT (\$)	85.00		Attorney Docke	t No.	3968-106			
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 500951 Deposit Account Name: AKERMAN SENTERFITT										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge read distribution (for (c)) and design read (c) and design										
under 37 CFR 1.16 and 1.17										
WARNING: Information on this form may become public. Credit card information should not be included on this form, Provide credit card information and authorization on PTO-2038.										
FEE CALCULATION										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES										
FILING FEES SEARCH FEES EXAMINATION FEES										
Application	Гуре	Fee (\$)	mall Entity Fee (\$)	Fee (Small Entity Fee (\$)	Fee (Smali E S) Fee (Fees Paid (\$)	
Utility		310	155	510	255	210				
Design		210	105	100	50	130	65			
Plant		210	105	310	155	160	80			
Reissue		310	155	510	255	620	310			
Provisional		210	105	0	0	0	0			
2. EXCESS C	LAIM FEES	i					_		Small Entity	
Fee Description Each claim over 20 (including Reissues) Fee (\$) 50 25									Fee (\$) 25	
Each independent claim over 3 (including Reissues)								10	105	
Multiple dependent claims							3	70	185	
Total Claims							Mul	tiple De	ependent Claims	
21 - 20 or HP = 1 x 25.00 = 25.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims		ams pao ro Extra Clain			Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50										
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g.,	late filing s	surcharge)	: 1 MO, EXTENS	ါ့ခုN OF	TIME				60.00	
SUBMITTED BY		1	1 10	/						
Signature Registration No. (Attorney/Agent) 56,216 Telephone 561 653							18 561 653-5000			
		7	11.11	\leftarrow	(Attorney/Agent)	,				

Date 9/29/08 Name (Print/Type) GREGORY M. LEFKOWITZ // This collection of information dequated by 3 CPR x 158. The profession is required to obtain or retain a benefit by the public which is to file (and by the USFTO) opnoses an application. Confidentially is governed by 3 LSC x 122 and 37 CPR 1.4. This collection of information is complete, including pathering preparing, and submilling the copylineted application from the USFTO. There will vary dependent on the Amount of time you require to complete this form and/or supgestions for motioning this burden, should be sent to the Chief Information of the Amount of time you require to complete this form and/or supgestions for motioning this burden, should be sent to the Chief Information of the Amount of time you require to complete this form and/or supgestions for motioning this burden, should be sent to the Chief Information of the Amount of times you require to complete the formation of the Sent Top the Chief Information of the Amount of the Sent Top the Chief Information of the Sent Top the Chief Information of the Sent Top the Chief Information of the Sent Top the Sent T